



UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 4101

SERIAL NUMBER 09/879,433	FILING DATE 06/12/2001 RULE	CLASS 362	GROUP ART UNIT 2875	ATTORNEY DOCKET NO. BSC-009DV
-----------------------------	-----------------------------------	--------------	------------------------	-------------------------------------

APPLICANTS

Robert J. Crowley, Sudbury, MA;

**** CONTINUING DATA *******

THIS APPLICATION IS A DIV OF 08/903,218 07/22/1997
WHICH CLAIMS BENEFIT OF 60/033,333 11/21/1996

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 08/08/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

021323

TITLE

Mucosal ablation

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
----------------------------	---	---



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 4101

Bib Data Sheet

SERIAL NUMBER 09/879,433	FILING OR 371(c) DATE 06/12/2001 RULE	CLASS 606	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. BSC-009DV
-----------------------------	--	--------------	------------------------	----------------------------------

APPLICANTS

Robert J. Crowley, Sudbury, MA;

** CONTINUING DATA *****

This application is a DIV of 08/903,218 07/22/1997 ABN
 which claims benefit of 60/033,333 11/21/1996

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

08/08/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 2	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

26389

TITLE

Mucosal ablation

FILING FEE RECEIVED 836	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
----------------------------	---	---